

# State of Florida



Department of State

## Certificate of Franchise Authority

I certify that Cox Communications Gulf Coast, LLC identification number CV07-0012 issued on 08/21/2007, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 08/06/2024:

Service areas are described in the attached true and correct copy of the document.

I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

This grant of authority is subject to lawful operation of the cable or video service by the applicant or its successor in interest.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the Sixth day of August 2024.



  
Cord Byrd  
Secretary of State

**APPLICATION TO AMEND A STATE-ISSUED CERTIFICATE OF FRANCHISE  
AUTHORITY FOR CABLE AND/OR VIDEO SERVICE**

1) Name of Certificate holder Cox Communications Gulf Coast, LLC.

2) Address of Certificate holder: 3405 McLemore Drive, Pensacola, FL 32514

3) ☒ Statement of Amendment(s):

a) Change in Service Area. Notification of Commencement is required within five business days after first providing service in each additional areas. Please provide a description of the new service area consistent with s.610.104(2)(e)5 Florida Statutes, and effective date of Commencement of Operations. (Please include all service areas.) List existing areas first and new areas last. Use

attached pages if necessary

Escambia County, Pensacola, Santa Rosa County, Walton County, Cinco Bayou, Shalimar, Mary Esther, Niceville, Crestview, Destin, Okaloosa County, Freeport, Navarre, Newberry, Gainesville, Ocala, Alachua, Alachua County, Marion County, Fort Walton Beach, Valpraiso, Pace, Milton, Hawthorne, Laurel Hill.

Effective 7/30/24, please add Bradford County, Putnam County, and the Town of Micanopy.

☐

b) Notice of Transfer of Interest. Notification is required within fourteen business days following completion of transfer. Please provide the name and address of any successor in interest.

☐

c) Other: (change of address or contact person)

☐

d) Notice to Terminate Service.

Effective Date: \_\_\_\_\_

J.D. Myers, II, SVP and Region Manager East, Cox

Printed Name and Title

Signature

Date

2024 AUG -6 AM 8:07  
FILED  
7/22/2024

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Printed Name and Title

Signature

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FILED  
2024 AUG -6 AM 8:07  
7/22/2024



## FLORIDA DEPARTMENT *of* STATE

**RON DESANTIS**  
Governor

**CORD BYRD**  
Secretary of State

August 6, 2024

Mr. J.D. Myers, II  
SVP and Region Manager East, Cox  
Cox Communications Gulf Coast, LLC  
3405 McLemore Drive  
Pensacola, Florida 32514

Re: Cox Communications Gulf Coast, LLC  
CV07-0012

Dear Mr. Myers:

We received your request to amend your State-Issued Certificate of Franchise Authority for cable and/or video service. Your amendment has been accepted. An amended certificate is attached.

The Federal Communication Commission's Cable Act Reform 47 C.F.R. 76.952 states that "all cable operators must provide to the subscribers the name, mailing address and phone number of the franchising authority, unless the franchising authority in writing request that cable operator to omit such information."

Since we are not authorized to regulate cable activities, the Department of State, Cable and/or Video Franchise Section, requests certificate holders to omit the department's name and contact information from the monthly billing inserts to subscribers. The Department of State does not have any authority to resolve customer service complaints. The Department of Agriculture and Consumer Services is responsible for responding to customers' complaints.

If you should have any questions, please call us at (850) 245-6010.

Rebekah Lefeavers  
Video and/or Cable Franchise Section

Encl.

CN07-0012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

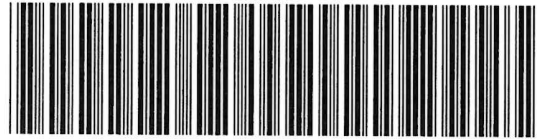
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE